

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

**3.10 PARAMETERS FOR THE USE OF MEDICATION ASSISTED TREATMENT IN
INDIVIDUALS WITH CO-OCCURRING SUBSTANCE USE DISORDERS**

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I. Introduction:

- A. The proper use of select medications can help treat specific substance use disorders, and is referred to as medication-assisted treatment (MAT).
- B. MAT does not substitute for other appropriate psychosocial treatment interventions, and should be used in association with such interventions.
- C. Prescribers who treat individuals with co-occurring substance use disorders should be familiar with, and include, the use of selected medications recognized as potentially useful for treatment of substance use disorders; e.g., acamprosate and naltrexone. Familiarity should include knowledge of proper use of each medication, including proper elements of assessment and management.
- D. These parameters do not address the use of medications to ameliorate symptoms of substance intoxication or withdrawal, nor do they address opioid replacement therapy using methadone.
- E. Use of MAT in individuals below 18 years of age should be associated with documentation in the medical record of the risk/benefit ratio.

II. Purpose:

To describe those situations in which MAT should be used to treat co-occurring substance use disorders in LAC DMH programs.

III. Alcohol Use Disorder:

- A. Individuals being treated for mental illness, who have comorbid alcohol use disorder that has not responded to DMH psychosocial interventions during one year's time, and do not have contraindications for MAT, should be offered treatment trials of acamprosate, oral naltrexone, naltrexone Long-Acting Injectable (LAI,) gabapentin, disulfiram, and topiramate. The order of the trials should be based upon clinical presentation.
- B. The medications, excepting those that are contraindicated or refused, should be offered sequentially until one of them is effective or the entire series has been tried.
 - 1. The order of the sequential trials should be based upon clinical assessment and response monitoring.
 - 2. Additional MAT may be attempted, using other medications or combinations in

situations in which the evidence and risk/benefit ratio justifies the intervention, and is clearly documented.

- C. For individuals that have been unsuccessfully treated for more than one year by DMH for comorbid alcohol use disorder, without use of MAT, documentation must be provided to explain why MAT has not been initiated.

IV. Opioid Use Disorder:

- A. Individuals being treated for mental illness, who have comorbid opioid use disorder and do not have contraindications for MAT, should be offered naltrexone LAI.
- B. For individuals who have been unsuccessfully treated for more than one year for comorbid opioid use disorder, without the use of MAT, the associated medical record must include documentation that justifies why MAT has not been initiated.

V. Medication-Specific Parameters:

- A. Acamprosate

In the absence of contraindications, acamprosate should be preferentially selected in lieu of other MAT for maintenance of abstinence in individuals with alcohol use disorder who are relatively stable and in early stages of recovery.

- B. Buprenorphine/naloxone

Buprenorphine/naloxone should be prescribed for treatment of opioid use disorder only in DMH programs that have been specifically approved for this activity by the Pharmacy Office.

- C. Gabapentin

Gabapentin should be reserved for treatment of alcohol use disorder in instances in which acamprosate and naltrexone are ineffective, contraindicated, or there is a co-occurring mental disorder that requires gabapentin for treatment.

- D. Naltrexone

1. In the absence of contraindications, naltrexone should be preferentially selected over other MAT for situations involving efforts to reduce ongoing alcohol consumption or significant craving.
2. Naltrexone LAI, if effective, should be continued for no more than 6 months without consultation and approval by the responsible clinical supervisor.

- E Topiramate

Topiramate should be reserved for treatment of alcohol use disorder only when acamprosate and naltrexone are ineffective or contraindicated, or in the presence of a co-morbid disorder that requires topiramate for treatment.